

# **TRICARE Fundamentals Course**

## **Module 7**

### **Reserve Component**

#### **Participant Guide**

#### **References**


10 U.S.C.

32 CFR § 199.20


TRICARE Policy Manual 6010.47-M

TRICARE Prime Remote Active Duty Family Member Policy

## Module Objectives



### Module Objectives



- **Discuss Reserve component medical program**
- **Discuss Reserve component dental program**
- **Explain TRICARE Reserve Family Demonstration Project**

## Reserve Component Medical Program

### Seven Reserve Components

- Army National Guard
- Army Reserve
- Naval Reserve
- Marine Corps Reserve
- Air National Guard
- Air Force Reserve
- Coast Guard Reserve

## Medical Program



### Medical Program



- Reserve component members are covered
- Eligibility
- Health care coverage while activated
- Reserve component family members are covered

### Reserve Component Members Are Covered

- This coverage includes travel directly to or from the place where the Reserve component members perform their military duty.
- When on active duty for more than 30 consecutive days, the Reserve component members have comprehensive health care coverage under TRICARE Prime.
- When on military duty, the Reserve component members are covered for any injury, illness, or disease incurred or aggravated in the line of duty while on military duty for 30 days or less, or after release from active duty for periods of more than 30 consecutive days.
  - In order to facilitate follow up care after release from duty, it is recommended that the member's command or medical unit document this determination prior to the member's release.
  - The Reserve component members may obtain follow up medical care after the duty period if the member's command or medical unit has determined that the condition was incurred or aggravated in the line of duty.

### Access to care

All Reserve component members are enrolled in DEERS for identification and tracking, however, the eligibility status for medical care will always be listed as ineligible until the member is ordered to 30 days or more of consecutive active duty. To ensure access to medical care eligibility documentation for duty related conditions must be provided either the Military Treatment Facility or the Military Medical Support Office (as appropriate) to establish the member's eligibility for care.

- To receive care, the Reserve component member's command or medical unit must contact either of the following:
  - The patient administration staff at the nearest military treatment facility (MTF) for an appointment, if located within access standards for specialty or inpatient care; or
  - If local MTF medical care is not available within distance access standards, the service member's or medical unit may request civilian medical care authorization from the Military Medical Support Office (MMSO) through the Reserve component procedures at [http://mmso.med.navy.mil/MMSO\\_Reserve\\_Component.html](http://mmso.med.navy.mil/MMSO_Reserve_Component.html) or call the toll free number at 1-888-647-6676. MMSO uses the TRICARE Prime Remote Zip code checker at [www.tricare.osd.mil/remote](http://www.tricare.osd.mil/remote) to determine if the member resides more than one hour driving time from the MTF.
- Except for emergency care or urgent care after normal duty hours, the Reserve component members will not access civilian or Veterans Affairs Hospital medical care without obtaining authorization through the Command or supporting medical unit from the MTF or MMSO.
  - For emergency medical care, Reserve component members will go to the nearest civilian or military hospital with emergency care capability to receive immediate medical care. As soon as possible, notify the Command or medical unit of the care and obtain instructions on submitting the medical claim and eligibility information to the MMSO or MTF, as appropriate.
  - For routine medical care, not emergent or urgent, Reserve component members must notify their Command or medical unit prior to seeking care to establish that the condition is not in the line of duty connected and is a covered benefit.

### **Eligibility**

The first and most important step is for sponsors to enroll themselves and all eligible family members in the Defense Enrollment Eligibility Reporting System (DEERS). Family members have three ways to enroll in DEERS or update their family information.

- DEERS Telephone Center toll free
  - (800) 538-9552
- DEERS/RAPIDS (Real-time Automated Processing Identification System) location
  - DEERS Web site: [www.dmdc.osd.mil/rsi](http://www.dmdc.osd.mil/rsi)
  - Or visit: [www.tricare.osd.mil/deersaddress](http://www.tricare.osd.mil/deersaddress)

Always keep DEERS information up-to-date and report any major changes. DEERS is the key to all benefits.

### **Health Care Coverage while Activated**

Upon being called to active duty for more than 30 consecutive days, to include National Guard members ordered to duty under 32 U.S.C. § 502 (f),



- Reserve component members must enroll in TRICARE Prime where they are mobilized.
  - Effective the date of their orders, they are eligible for medical and dental care at any uniformed services military treatment facility/dental treatment facility (MTF/DTF).

### **Reserve Component Family Members Are Covered**

- Family members of a Reserve component member ordered to active duty for more than 30 consecutive days are eligible for TRICARE benefits on the first day of the order to active duty.
- The family should decide about health care coverage options if and when their sponsor is activated and/or deployed. They should compare the features and costs of each TRICARE option, as well as their civilian employer-sponsored health plan.
- When Reserve component sponsors are on active duty for more than 30 consecutive days, their family members have the same TRICARE options available to them as active duty family members.

*Note:* Hereafter, when we discuss Reserve component family members, we mean that the sponsor has been activated for more than 30 consecutive days.

### **TRICARE Options**



## TRICARE Options

- **Standard**
- **Extra**
- **Prime**
- **Prime Remote**

Details about each option are available at [www.tricare.osd.mil/reserve/#](http://www.tricare.osd.mil/reserve/#).

### **TRICARE Standard**

- The beneficiary chooses the authorized TRICARE provider.
- Beneficiaries may be able to keep their current provider.
- The provider is not required to be part of TRICARE civilian or a military network, but must be a TRICARE-authorized provider.
- Enrollment is not required to participate.
- Reserve component families have a 20 percent cost share and copay.
- Retirees and retiree families under age 65 have a 25 percent cost share and copay.
- Retired Reserve component members are not eligible for TRICARE until age 60, and they are collecting retirement. They are treated the same as active duty retirees.

	<b>Annual Deductible for an Individual</b>	<b>Annual Deductible for a Family</b>
Reserve component family member of E-1 to E-4	\$50	\$100
Reserve component family member of E-5 and up; and all others	\$150	\$300

*Note:* If sponsors are called in support of certain operations, their families' deductibles may be waived. They are responsible for their cost share as in Operations Noble Eagle and Enduring Freedom.

### **TRICARE Extra**

- The beneficiary chooses the authorized TRICARE provider who is part of the TRICARE network.
- No claim forms are needed.
- Reserve component families have a 15 percent cost share and copay.
- Retirees and retiree families under age 65 have a 20 percent cost share and copay.
- Retired Reserve component members are not eligible for TRICARE until age 60, and they are collecting retirement. They are treated the same as active duty retirees.
- Enrollment is not required to participate.
- The beneficiary may use a combination of the TRICARE Extra and TRICARE Standard programs depending on use of providers inside or outside of the network.

	<b>Annual Deductible for an Individual</b>	<b>Annual Deductible for a Family</b>
Reserve component family member of E-1 to E-4	\$50	\$100
Reserve component family member of E-5 and up; and all others	\$150	\$300

*Note:* If sponsors are called in support of certain operations, their families' deductibles may be waived. They are responsible for their cost share as in Operations Noble Eagle and Enduring Freedom.

### **TRICARE Prime**

- Enrollment Requirement
  - All active duty service members must enroll in TRICARE Prime and complete the enrollment process at their mobilization site.
  - Enrollment is open year round.
  - For Reserve component family members:
    - The 20th of each month is the cut-off date for all new enrollments for the following month.
    - After the 20th, enrollment is effective the first of the second month.
    - In the interim, the family may use one of the other TRICARE options. In many cases, MTFs may honor enrollments and provide care for eligible family members of Reserve component members once the enrollment form has been submitted.
    - Enrollment is for 12-month period.
    - Reenrollment is automatic.
    - Letter sent to sponsor 15 days before anniversary date of enrollment.
    - TRICARE notifies beneficiaries of annual automatic reenrollment unless they want to disenroll.
- Enrollment Process
  - To enroll in TRICARE Prime, eligible beneficiaries must be enrolled in DEERS and must complete an enrollment application by visiting the local TRICARE Service Center (TSC) or downloading the enrollment form from the TRICARE Web site ([www.tricare.osd.mil/enrollment/index.cfm](http://www.tricare.osd.mil/enrollment/index.cfm)). Beneficiaries should return the completed application to desired TSC.
  - The Reserve component beneficiary should contact the local TSC or MTF for the name of the primary care manager (PCM).

- General
  - Most health care will come from an MTF, augmented by the TRICARE contractor's Preferred Provider Network (PPN).
  - All treatment in any MTF is free for Reserve component family members.
  - Preauthorized outpatient and inpatient treatment in a civilian facility is also free.
  - No deductibles apply.
  - Benefits include additional wellness and preventive care services.
- Reserve Component Retirees
  - Retirees and their families have a yearly cost of \$230 for an individual or \$460 for a family of two or more.
  - For retirees and their family members, outpatient treatment in a civilian facility is \$12 per visit.
  - For retirees and their family members, inpatient treatment in civilian facilities is \$11 per day (\$25 minimum charge per admission).
- Assigned PCM provides or arranges for sponsors and their families' health care needs:
  - Provides and coordinates care.
  - Refers beneficiary to specialists, if necessary.
  - Maintains health records.
    - If the PCM is in the PPN, advise the beneficiary to get a copy of their record when they are ready to return to the MTF system.
    - The PPN PCM may either charge the beneficiary or the government for copying the record.

### **Referral for Specialty Care**

- When beneficiaries are referred for specialty care by their PCM, the PCM must write a referral or consult. Beneficiaries are responsible to make sure that specialty care is authorized by their managed care support contractor (MCSC) for their region before they go to the appointment. Getting the referral authorized can happen in at least two ways:
  - Beneficiaries take the written referral/consult from the PCM and obtain an authorization by calling their MCSC toll-free number and speaking to a Health Care Finder (HCF).
    - The HCF may make the appointment for the beneficiary.
    - Or the beneficiary may make the appointment.



- The PCM sends the consult electronically to the MCSC, and, after waiting at least 48 hours so the consult can clear through the HCF, the beneficiary calls the MCSC toll-free number to make an appointment.
  - Some MCSCs will send letters to beneficiaries with the name of the provider and the authorization or referral.
  - The MCSC may include the date and time of the appointment or tell the beneficiary the provider's name so the beneficiary may contact the provider to make an appointment.
- The beneficiary should always take a copy of the consult and the address and phone number of the PCM to the referral/specialty appointment.
- Beneficiaries should be reminded that if they do not get an authorized referral, they will end up paying out-of-pocket. The Point-of-Service Option (POS) will be applied.

*Note:* Determining whether TRICARE Prime exists where the sponsor or family member lives is important. For instance, if a family chooses to move to a new location when the sponsor gets deployed, TRICARE Prime may not be offered in that new location. A TRICARE Prime service area is usually within 40 miles of an MTF. Beneficiaries can now go to the Regions-at-a-Glance Web site to determine which region they live in at [www.tricare.osd.mil](http://www.tricare.osd.mil).


- POS Option
  - The POS option allows TRICARE Prime enrollees to receive non-emergency, TRICARE-covered services from any TRICARE-authorized provider without a referral from their PCM or authorization from an HCF.
  - Using the TRICARE Prime POS option is more costly to the enrollee.

<b>Charges</b>	<b>Individual</b>	<b>Family</b>
Deductible per fiscal year	\$300	\$600
Cost shares for outpatient claims	50% of TRICARE-allowable charge after annual deductible is met	
Cost shares for inpatient claims	50% of TRICARE-allowable charge after annual deductible is met	
Any additional charges by non-network providers	Beneficiary's responsibility; up to 15% above the allowable charge is permitted by law.	

*Note:* POS cost sharing also may apply to services received from a TRICARE Prime network provider if the beneficiary did not receive the proper authorization for care from the PCM and the HCF. The POS charges do not apply to care received under TRICARE Extra or TRICARE Standard.

- [Reserve Component Health Care Benefits Brochure](#)  
[www.tricare.osd.mil/reserve/#](http://www.tricare.osd.mil/reserve/#) (emphasizes the need for preplanning).
  - In simple, easy terms, the Reserve component health care benefits brochure provides a broad overview of TRICARE options:
    - Dental coverage
    - Employer-sponsored health insurance options
    - Important resources
    - TRICARE regions
    - Deployment checklist
  - The checklist is a quick tool that the service member and family can go through to make sure important things get done before deployment. It can also serve as an ongoing list that Reserve component members can use to make sure that things are in place before the next activation.
- Additionally, check out the [Guide to Reserve Family Member Benefits](#) at [www.tricare.osd.mil/reserve/#](http://www.tricare.osd.mil/reserve/#). This book provides information about military benefits (to include legal assistance, pay, travel, etc.) available to Reserve component family members.

### Uniformed Services Employment and Reemployment Rights Act (USERRA)



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- **Rights**
- **Coverage for families**
- **Costs**
- **Reinstatement**

- USERRA is the Uniformed Services Employment and Reemployment Rights Act
- Under USERRA, Reserve component members
  - Have rights concerning their employer-sponsored health plan
  - Should review their rights under this act
  - Should know their employers' policies regarding health coverage if they are deployed
- When on active duty, the family members may continue their coverage under the member's employer-sponsored health plan for up to 18 months under USERRA:
  - Members must notify the employer that they want to continue coverage; otherwise, the family may be dropped from the employer-sponsored health care plan.
  - If members continue their employer-sponsored coverage for their family while on active duty for more than 30 days, members may have to pay some or all of the plan's premium:
    - The maximum the member could be charged is 102 percent of the full premium, which includes the employee share, employer's share, and a 2 percent administrative fee.
    - Employers can establish their own rules within these limits.
  - For members on active duty for 30 days or fewer, the employer may not charge more than the employee's share for the coverage.
- If members choose not to continue coverage under their employer-sponsored health plan while on active duty
  - The member and any previously covered family members are entitled to be reinstated in their employer-sponsored health plan when they return to work
    - Without a waiting period
    - Without penalty for preexisting conditions (other than a service-connected disability)

*Note:* More information is available online at the U.S. Department of Labor, Frequently Asked Questions for Reservists Being Called to Active Duty  
[www.dol.gov/ebsa/faqs/faq\\_911\\_2.html](http://www.dol.gov/ebsa/faqs/faq_911_2.html)

## Reserve Component Dental Program



### TRICARE Dental Program Reserves



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- **Selected Reserves (SELRES) and families**
- **Individual Ready Reserves (IRR) and families**
- **Activated > 30 consecutive days, same benefits as active duty service members**
  - **Must receive care from military dental providers or through the Tri-Service Remote Dental Program**
- **Family members, eligible for same lower premiums that active duty family members have**

### Eligibility

- Eligibility is determined in DEERS.
- IRR and family members are eligible.
- SELRES and family members are eligible.

*Note:* Reserve component members enrolled in the TRICARE Dental Program (TDP) who are activated for more than 30 consecutive days are automatically disenrolled from the program and become eligible for the TDP and may receive dental care from military dental providers.

## Enrollment

- All new enrollees must continue in the TDP for at least 12 months (lock-in period):
  - Anyone failing to pay premiums or disenrolling for other than a valid reason will be prohibited from reenrolling in the program for 12 months (lock-out period).
  - The 12-month lock-in period is waived for reservists called to active duty for more than 30 consecutive days.
- SELRES and IRR sponsors can enroll independently of their family.
- Family members can enroll independently of the sponsor.
- Families who had previously declined TRICARE dental coverage but who wish to enroll after their sponsors are mobilized will be able to join at active duty family rates during the first 30 days.

## Plans

- Single, one eligible member is covered.
- Family consists of two or more covered family members.
- Enrollment in the TDP is handled by United Concordia Companies.
- Enrollment forms and information are available on-line at [www.ucci.com/was/uccweb/tdp/tdp.jsp](http://www.ucci.com/was/uccweb/tdp/tdp.jsp).

## Cost to the Beneficiary

### TDP Monthly Premiums (February 2004–January 2005)

Coverage Type	Active Duty	SELRES & IRR (Mobilization Category)	IRR (Non- Mobilization Category)
Sponsor Only	N/A	\$9.07	\$22.68
Single(One Family Member)	\$9.07	\$22.68	\$22.68
Family (Two or More Family Members)	\$22.66	\$56.66	\$56.66



If the Reserve component member is called to active duty, the family premiums fall to the active duty family rates.

*Note:* When a beneficiary is overseas, the Government will cover the beneficiary's cost shares for many routine dental procedures including diagnostic, preventive, restorative, endodontic, periodontic, and oral surgery.

## Resources

Reserve Affairs has set up a [www.defenselink.mil/ra/familyreadiness.html](http://www.defenselink.mil/ra/familyreadiness.html)  
Frequently asked questions can be found at [www.ucci.com/was/ucciweb/tdp/faq.jsp](http://www.ucci.com/was/ucciweb/tdp/faq.jsp)

## TRICARE Reserve Family Demonstration Project



### TRICARE Reserve Family Demonstration Project

- Covered health care services provided through Oct. 31, 2004
- Waivers for:
  - Deductibles
  - Non-availability statement for inpatient care
  - Requirement to obtain non-emergency inpatient care from an MTF

- Reserve component family members are eligible for this demonstration project if the:
  - Reserve component sponsor is called to active duty under Executive Order 13223, 10 U.S.C. 12302, 10 U.S.C. 12301(d), or 32 U.S.C. 502(f). Such operations include, for example, Noble Eagle, Enduring Freedom, or Iraqi Freedom for more than 30 consecutive days.
  - TRICARE eligibility for these family members begins the day the sponsor is activated.
  - Demonstration applies to all covered health care services provided on or after September 14, 2001 through Oct. 31, 2004.

- Under the demonstration, the following applies to the Reserve component family members *not* enrolled in TRICARE Prime:
  - Waiver of annual outpatient deductibles under TRICARE Standard or TRICARE Extra
    - This covers all outpatient health care received through Oct. 31, 2004
  - Authority for TRICARE to pay above the TRICARE maximum allowable charges for care provided by non-participating providers
    - This covers all health care received through Oct. 31, 2004
  - Waiver of the requirement for a non-availability statement for non-emergency inpatient care
    - This covers all non-emergency inpatient care received through Oct. 31, 2004

*Note:* These benefits are now provided under enrollment in TRICARE Prime and TPRADFM.

## **2004 Temporary Reserve Health Benefit Program**

### **Background**

- The recently enacted Emergency Supplemental Appropriations Act and the National Defense Authorization Act for Fiscal Year 2004 authorized temporary health care benefits and TRICARE eligibility for RC sponsors and family members.
  - Several of the new benefits are effective Nov. 6, 2003 through Dec. 31, 2004, whereas others require implementing procedures and systems before they become available.
    - Total expenditures during Fiscal Year 2004 may not exceed the \$400 million specified by Congress for these programs.
    - DoD is establishing mechanisms to accurately track and account for all expenditures to ensure the Department is in compliance with the law.

### **Key Points of the Program**

- The provisions of the 2004 Temporary Reserve Health Benefit Program enhance access to care for our Reserve component (RC) Service members and their families and ultimately, improve our readiness as a fighting force.
- By law, Section 702 will be effective upon implementation of an enrollment process and other administrative actions.
  - Members will be eligible to enroll themselves and their family members at that time.
  - This benefit will be available for persons not eligible for employer-provided coverage, or who are eligible unemployment compensation recipients.

- DoD is in the process of recording and collecting health care data to determine the appropriate premium rate for coverage for those RC members and their families eligible for premium-based TRICARE coverage.
- DoD will build on existing mechanisms for determining eligibility, enrolling members in TRICARE and delivering health care services.
- Section 703 authorizes TRICARE medical and dental benefits for RC sponsors activated in support of a contingency operation for more than 30 days and for their family members.
  - TRICARE eligibility under this provision begins the day the sponsor receives delayed effective date active duty orders or 90 days before the date the active duty period begins, whichever is later.
- Under Section 704 the TRICARE Management Activity temporarily extends TRICARE eligibility under the Transitional Assistance Management Program (TAMP) from 60 or 120 days to 180 days for RC sponsors who separate from active duty federal service Nov. 6, 2003 through Dec. 31, 2004.
  - The extended 180 days of TAMP eligibility ends on Dec. 31, 2004 regardless of whether the RC sponsor has received the entire 180 days of TAMP benefits.
  - Effective March 17, 2004, TAMP eligible sponsors and family members who were saving their receipts may apply for TRICARE reimbursement by submitting a TRICARE claim form, a copy of their itemized bill, an explanation of benefits, and proof of payment if the bill was already paid to their TRICARE regional claims processor.

### **Customer Service Commentary**


Below are a few tips on how to diffuse a potentially difficult situation:

- Stay calm: Don't take the beneficiary's anger personally. Maintain your composure and bearing.
- Let the beneficiary vent: Keep in mind that beneficiaries may feel a range of emotions in the health care setting—fear, anxiety, and frustration, to name a few. These factors could contribute to the beneficiary's disposition. Your role is to listen.
- Acknowledge you understand, but remain neutral.
- Accept responsibility: It is critical that you not get defensive. If a mistake or oversight occurred, own up to it. Impress on the beneficiary a "can-do" attitude.
- Win-Win: Consider offering various options that will create a win-win situation. Keep in mind that some instances may require management's involvement. If so, regularly keep the beneficiary abreast of the case until resolved.
- Document: It is essential to document activity for future reference.


We want satisfied beneficiaries. But on those occasions when a beneficiary is displeased, we can seek resolution.



## Summary



### Module Objectives



- **Discuss Reserve component medical program**
- **Discuss Reserve component dental program**
- **Explain TRICARE Reserve Family Demonstration Project**